DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LUTHER MANOR (0008721)

Address: 831 PINE BEACH ROAD, MARINETTE, WI 54143

License Status: REGULAR

Licensed/Certified/Registered 04/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095655 End Date: 08/25/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009461 Served 10/07/2005

y •	Wildows for Screen to	10112003	Compliance	
	Deficiencies Cited	Subject Area	Verified	Corrected
	83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
	83.14(5)	TRAINING NOT AFFILIATED WITH CBRF		
	83.15(1)(a)	STAFFING PATTERNS		
	83.21(4)(g)	FAIR TREATMENT		
	83.21(4)(m)	ABUSE, NEGLECT, OR MISAPPROPRIATION		
	83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
	83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
	83.32(3)	SIGNING ASSESSMENT AND ISP		
	83.33(2)(a)	SUPERVISION		
	83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
	83.33(3)(e)2.b	INJECTIONS		

Survey ID: 0095493 End Date: 08/23/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969

Madison WI 53701-2969

Type: OTHER Purpose: COMPLAINT Survey ID: 0094913 End Date: 05/11/2005

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009412 Served 05/26/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.19(3)(d)	WHEREABOUTS UNKNOWN	08/25/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	08/25/2005	No
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	08/25/2005	Yes

Survey ID: 0093352 Type: STANDARD Purpose: SURVEY End Date: 08/30/2004

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009328 Served 09/23/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.15(1)(c)1	ADEQUATE STAFFING	05/11/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	05/11/2005	Yes
83.16(4)(a)	ABILITY TO PAY	05/11/2005	Yes
83.32(1)(a)	ASSESSMENT AND ISP	05/11/2005	No
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	05/11/2005	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	05/11/2005	

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 10/06/2005 SOD #10009461 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(5)

FORFEITURE---83.15(1)(a)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(3)(e)2.b

Date: 05/24/2005 SOD #10009412 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(2)(a)

FORFEITURE---83.42(2)(a)

Date: 09/22/2004 SOD #10009328 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.16(1)

FORFEITURE---83.16(4)(a)

FORFEITURE---83.32(1)(a)

FORFEITURE---83.32(2)(c)1

FORFEITURE---83.42(2)(a)

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
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P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 02/03/2005 Date Investigation Completed: 05/11/2005

Subject Area(s) Result SOD #

SUPERVISION NOT SUBSTANTIATED

PROGRAM SERVICES SUBSTANTIATED 10009412